DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, California 95814

June 13, 2002

ALL-COUNTY LETTER NO. 02-43

REASON FOR THIS TRANSMITTAL

[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[X] Clarification Requested by One or More Counties
[ ] Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: COORDINATING SERVICES BETWEEN IN-HOME SUPPORTIVE SERVICES AND EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES

This All-County Letter provides information on the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, and provides guidance on the need for coordination between In-Home Supportive Services (IHSS) and EPSDT supplemental services.

EPSDT Background

Federal Medicaid law establishes a list of health care benefits and services that state Medicaid programs must furnish. The federal law also establishes a list of services and benefits that states may cover at their option under their Medicaid programs.

The EPSDT services are a federally mandated Medicaid (Medi-Cal) benefit for Medi-Cal beneficiaries who are under the age of 21. In California the EPSDT program is provided under the Child Health and Disability Prevention Program.

Under EPSDT, Federal law also mandates that any health care service or benefit that a state could opt to provide under its Medicaid program must be provided to an individual if the service or benefit is medically necessary to correct or ameliorate a defect or a physical or mental illness. This federal rule applies to all optional Medicaid services and benefits regardless of whether or not a state has opted to cover the service or benefit under its Medicaid program. These services are referred to as “EPSDT supplemental services.”

Under EPSDT, when a Medi-Cal beneficiary requires “diagnostic or treatment” services for a condition identified as the result of an EPSDT screening, these services are to be furnished through and funded by the Medi-Cal Program.

Is EPSDT an Alternative Resource?

Not always, for instance, one of the EPSDT supplemental services is private duty nursing care. In authorizing home nursing care, these services may include such services as bathing or range of motion exercises that have also been authorized by the In-Home Supportive Services/Personal Care Service Program (IHSS/PCSP) social worker. The Medi-Cal EPSDT supplemental services should not be automatically considered an alternative resource when assessing the need for IHSS/PCSP services. The EPSDT recipient may choose to receive an authorized IHSS service from either EPSDT or IHSS/PCSP, but not from both programs. It is important that there be no duplication of services.

Procedure

Counties must coordinate the needs assessment of EPSDT recipients through the following procedure:

1. The IHSS social worker must determine if the applicant or recipient is receiving Medi-Cal EPSDT Supplemental nursing or other services in the home. It is probable that the recipient is receiving EPSDT supplemental services if the recipient is a child under the age of 21 and receiving nursing services at home through the Medi-Cal program. If they are receiving EPSDT a licensed nurse or a Certified Home Health Aide may be providing home nursing services. As noted above, the services that are provided by these individuals could include personal care services such as bathing, range of motion, ambulation or paramedical care.

2. If the applicant or recipient is receiving EPSDT supplemental nursing services in their home, the IHSS social worker must contact Department of Health Services Medi-Cal In-Home Operations (IHO) to identify the nurse case manager assigned to the recipient. We are attaching a brief description of Medi-Cal IHO, and a copy of IHO list of contact numbers for their offices in Northern and Southern California.

3. In cases where duplicate service authorization occurs, the recipient must be provided the choice of receiving the service from either their IHSS/PCSP provider or from the EPSDT home nursing provider. This could mean that both a nurse and an IHSS/PCSP provider could be present in the child's home at the same time to provide personal care services. The IHSS social worker and IHO nurse case manager should coordinate in developing or amending the recipient's care plan.

4. Only if the recipient elects to receive care from their EPSDT supplemental services provider instead of their IHSS provider, should counties adjust the assessed IHSS accordingly. In some cases, this may mean that added IHSS/PCSP hours become available to meet the recipient's unmet need for other IHSS/PCSP services.

If you have questions or concerns, you may contact your assigned Operations and Technical Assistance Unit staff member at (916) 229-4000.

Sincerely,

Original Signed by Donna L. Mandelstam
Date Signed June 13, 2002

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachment

In-Home Operations (IHO) INFORMATION PACKET

Department of Health Services - Medi-Cal Operations Division
Medical Care Coordination and Case Management Branch
In-Home Operations
700 North Tenth Street, Suite 102
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 324-1020

René Mollow, Acting Branch Chief
Nurse Consultant III

IHO INTAKE UNIT:

Dennis Owen, Chief
Phone **(916) 324-5920**

Pam Woodworth, Supervisor
Phone **(916) 324-5938**

New Intakes/Information **(916) 324-5915**

FAX **(888) 899-2492** **Toll Free**
(916) 324-5544
(916) 324-5548

IHO CASE MANAGEMENT UNITS:

NORTHERN REGION

Loretha Ford, Chief **(916) 324-7494**
IHO Northern Region

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Dennis Owen, Chief **(916) 324-5920**
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MEDI-CAL IN-HOME OPERATIONS (IHO)
HOME- AND COMMUNITY-BASED SERVICES (HCBS) OPTIONS
QUICK-REFERENCE GUIDE

THIS IS ONLY A REFERENCE GUIDE. PLEASE CALL (916) 324-1020 FOR ANY CLARIFICATION.

	EPSDT NURSING SERVICES	HCBS WAIVER SERVICES
Eligibility	Full-scope Medi-Cal eligible and medically eligible beneficiary UNDER age 21.	Full-scope Medi-Cal eligible and medically eligible beneficiary.
Available Services	EPSDT private duty nursing (also known as hourly or shift) services are designed to support individuals in their home. Providers of EPSDT private duty nursing services include licensed and certified home health agencies and/or individual licensed nurses - also known as supplemental nursing service providers. Other services may be provided in the home setting to support the individual. These other services may include physical therapy, occupational therapy, speech therapy, medical supplies and equipment.	HCBS waiver services are an array of services designed to support individuals in their home as an alternative to care in a licensed health care facility. HCBS waiver services may include case management, private duty nursing, home health aides and family training. HCBS waiver service providers include licensed and certified home health agencies, individual licensed nurses, or unlicensed caregivers. Other services may be provided in the home setting to support the individual. These other services may include physical therapy, occupational therapy, speech therapy, medical supplies and equipment.
Criteria for Services	EPSDT private duty nursing services may be authorized when medically necessary at a cost that is not greater than what may be provided in a licensed health care facility. **These services must be prior authorized.**	HCBS waiver services may be authorized when medically necessary at a cost that is not greater than what may be provided in a licensed health care facility. **These services must be prior authorized.**
Place of Services	The beneficiary's home which is not a licensed health care facility.	The beneficiary's home or a congregate living health facility , Type A.
Service Providers	An appropriately licensed and/or certified Medi-Cal provider should submit a Treatment Authorization Request (TAR) or similar request for EPSDT nursing services to IHO.	An appropriately licensed and/or certified Medi-Cal provider who is approved to provide HCBS waiver services or waiver specific providers should submit a TAR or similar request for HCBS waiver services to IHO.
Required Documentation	Medical records (INCLUDING BUT NOT LIMITED TO): Medical information which supports request for services. Assessment and identification of skilled nursing care needs. Plan of Treatment (POT) signed by the physician authorizing the nursing services. TAR for nursing services.	Medical records (INCLUDING BUT NOT LIMITED TO): Medical information which supports request for services. Assessment and identification of care needs. Home safety assessment. POT signed by the physician authorizing the HCBS waiver services. TAR for HCBS waiver services.

Medi-Cal Home- and Community-Based Services Options

Home- and community-based options under Medi-Cal include the authorization of services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit or through a Home and Community-Based Services (HCBS) waiver. These services are available to full-scope Medi-Cal beneficiaries who meet certain medical necessity criteria and are authorized by Medi-Cal In-Home Operations (IHO).

Inquiries for these services can come from Medi-Cal providers, associated agencies, beneficiaries, families, friends, or advocates. Actual requests for services must come from an appropriate Medi-Cal or waiver service provider. Requests for services include a Treatment Authorization Request (TAR) or similar request and appropriate medical documentation to support the requested service. Documentation for requested services may be faxed, mailed, phoned, or hand delivered per arrangements with the IHO Intake Unit. Refer to the IHO Contact List for current mailing address and phone numbers.

Once a Medi-Cal home program is established for the beneficiary, most of the medically necessary services to maintain the home program is authorized by IHO. Additional medical supports may include equipment, supplies, therapies, and transportation. The exception to this is hospital stays and pharmacy requests, which must be submitted to the appropriate Medi-Cal Field Office. There are also some services, which must be coordinated with California Children's Services and/or Medi-Cal Managed Care.

Additionally, IHO is responsible for the authorization of Pediatric Day Health Care (PDHC) services under the EPSDT benefit. These services are authorized in licensed PDHC facilities for individuals who are medically fragile, as defined in the Health and Safety Code, Section 1760.2(b), with an acute or chronic health problem that requires skilled nursing care **and** a therapeutic intervention pursuant to California Code of Regulations, Title 22, Section 51184(k)(1)(A). The therapeutic intervention is defined as a developmental program of activities structured to promote or maintain the individual's optimal physical and mental functional potential. The therapeutic interventions may include physical, occupational, speech therapies and/or medical nutritional therapy. If there are additional needs for Medi-Cal services not covered by the PDHC, they may be requested separately with a Treatment Authorization Request and/or may require coordination with California Children's Services and/or Medi-Cal Managed Care.

Medi-Cal PDHC services does not include the authorization or payment of respite care.

Home and Community-Based Services (HCBS) Waivers

Home and Community-Based Services (HCBS) waivers are creative alternatives, allowed under federal law for states participating in Medicaid (Medi-Cal in California), to be implemented in the home or community for certain Medi-Cal beneficiaries to avoid hospitalization or nursing facility placement. Services provided under a waiver are typically not part of the available benefit package under Medicaid or may be an extension of an existing benefit when there are pre-determined limits such as with therapy services.

California currently has six HCBS waivers: Medicaid (DDS); Multi-Purpose Senior Services Program; AIDS; In-Home Medical Care (IHMC); Nursing Facility (NF) A/B and NF Subacute. IHO is responsible for the authorization and management of services under the IHMC and respective NF waivers.

In-Home Medical Care (IHMC) Waiver

- Subject to prior authorization.

- Designed for persons who are physically disabled and who, in the absence of the waiver, would be expected to require at least 90 days or more of acute hospital care. Individuals enrolled in this waiver typically have a catastrophic illness, may be technology dependent, and have a risk for life-threatening incidences.

- Beneficiary must be Medi-Cal eligible, under community deeming rules/requirements, i.e., the regular financial rules for Medi-Cal eligibility.

- Authorized services must be cost-effective to the Medi-Cal program. This means that the total cost of providing IHMC waiver services and all other medically necessary Medi-Cal services to the beneficiary must be less than the total cost incurred by the Medi-Cal program for providing care to the beneficiary in an acute hospital. The acute level of care is defined in the California Code of Regulations (CCR), Title 22, Division 3, Section 51110.

- IHMC waiver services include: RN case management, RN or LVN skilled nursing services, shared nursing services, minor home modifications such as grab-bar placement or ramps, utility coverage for life-sustaining equipment, personal emergency response systems, family training, and extended state plan services for physical, occupational, speech, and family therapy.

- Implementation of IHMC waiver services also involves the active participation of the family and/or primary caregiver in the home care program. A family member and/or a primary caregiver should be proficient in the tasks necessary to care for the beneficiary at home to ensure care is not interrupted due to the inability of the provider to render services on a given day or for a certain period of time. This proficiency requirement may be satisfied by training as necessary to safely carry out the plan of treatment and/or by providing direct care to the beneficiary on an ongoing basis. The involvement of the family and/or the primary caregiver helps to ensure a safe home program for the beneficiary.

- Services are authorized through appropriate licensed and certified Medi-Cal providers, typically home health agencies.

- Prescribed by the beneficiary's primary care physician in accordance with regulations outlined in CCR, Title 22, Division 3.

- Provided in the beneficiary's home that has been assessed to be a safe environment.

- Current CCR, Title 22 regulations limit authorization of IHMC services in community care licensed (CCL) facilities to Foster Family Homes. Therefore, services in other CCL facilities (Small Family Homes, etc.) are prohibited.

Nursing Facility (NF) A/B Waiver

- Subject to prior authorization.

- Designed for persons who are physically disabled and in the absence of the waiver would be expected to require at least 365 days of nursing facility care. California has multiple levels of service available within the federal nursing facility level of service. This waiver includes NF A (Intermediate Care Facility/ICF) and NF B (SNF) level of care.

- Beneficiary must be Medi-Cal eligible. This can be established in one of two ways:
  - community deeming rules/requirements, i.e., the regular financial rules for Medi-Cal eligibility;
  - institutional deeming rules/requirements, i.e., the individual is assessed to be Medi-Cal eligible "as if" he/she were in a long-term care facility.

- Authorized services must be cost-effective to the Medi-Cal program. This means that the total cost of providing NF A/B waiver services and all other medically necessary Medi-Cal services to the beneficiary must be less than the total cost incurred by the Medi-Cal program for providing care to the beneficiary at the otherwise appropriate nursing facility. The NF A and B levels of care are defined in CCR, Title 22, Division 3, Sections 51120, 51124, 51134 and 51135.

- NF A/B waiver services include: case management, RN or LVN private duty nursing services, home health aide services, shared nursing services, waiver service coordination, minor home modifications such as grab-bar placement or ramps, utility coverage for life-sustaining equipment, personal emergency response systems, family training, personal care services, and respite.

- Implementation of NF A/B waiver services also involves the active participation of the family and/or primary caregiver in the home care program. A family member and/or a primary caregiver should be proficient in the tasks necessary to care for the beneficiary at home to ensure care is not interrupted due to the inability of the provider to render services on a given day or for a certain period of time. This proficiency requirement may be satisfied by training as necessary to safely carry out the plan of treatment and/or by providing direct care to the beneficiary on an ongoing basis. The involvement of the family and/or the primary caregiver helps to ensure a safe home program for the beneficiary.

- Services are authorized through appropriate licensed and certified Medi-Cal providers or waiver specific providers. The provider type may include licensed and certified home health agencies, private duty nursing agencies, individual licensed registered nurses or licensed vocational nurses, and unlicensed caregivers.

- Prescribed by the beneficiary's primary care physician in accordance with regulations outlined in CCR, Title 22, Division 3.

- Provided in the beneficiary's home that has been assessed to be a safe environment. Home may include congregate living health facilities, Type A.

Nursing Facility (NF) Subacute Waiver

- Subject to prior authorization.

- Designed for persons who are physically disabled and in the absence of the waiver would be expected to require at least 180 days or more of nursing facility care. The levels of service under the NF Subacute are the adult subacute and pediatric subacute.

- Beneficiary must be Medi-Cal eligible. This can be established in one of two ways:
  - community deeming rules/requirements, i.e., the regular financial rules for Medi-Cal eligibility;
  - institutional deeming rules/requirements, i.e., the individual is assessed to be Medi-Cal eligible "as if" he/she were in a long-term care facility.

- Authorized services must be cost-effective to the Medi-Cal program. This means that the total cost of providing NF Subacute waiver services and all other medically necessary Medi-Cal services to the beneficiary must be less than the total cost incurred by the Medi-Cal program for providing care to the beneficiary at the otherwise appropriate nursing facility. The subacute nursing facility levels of care are defined in CCR, Title 22, Division 3, Sections 51124.5, 51124.6, and the Medi-Cal Manual of Criteria.

- NF Subacute waiver services include: case management, RN or LVN private duty nursing services, home health aide services, shared nursing services, waiver service coordination, minor home modifications such as grab-bar placement or ramps, utility coverage for life-sustaining equipment, personal emergency response systems, family training, personal care services, and respite.

- Implementation of NF Subacute waiver services also involves the active participation of the family and/or primary caregiver in the home care program. A family member and/or a primary caregiver should be proficient in the tasks necessary to care for the beneficiary at home to ensure care is not interrupted due to the inability of the provider to render services on a given day or for a certain period of time. This proficiency requirement may be satisfied by training as necessary to safely carry out the plan of treatment and/or by providing direct care to the beneficiary on an ongoing basis. The involvement of the family and/or the primary caregiver helps to ensure a safe home program for the beneficiary.

- Services are authorized through appropriate licensed and certified Medi-Cal providers or waiver specific providers. The provider type may include licensed and certified home health agencies, private duty nursing agencies, individual licensed registered nurses or licensed vocational nurses, and unlicensed caregivers.

- Prescribed by the beneficiary's primary care physician in accordance with regulations outlined in CCR, Title 22, Division 3.

- Provided in the beneficiary's home that has been assessed to be a safe environment. Home may include congregate living health facilities, Type A.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Private Duty Nursing

- Subject to prior authorization.

- Provided to full-scope Medi-Cal beneficiaries who are under the age of 21. The private duty nursing care (also known as shift or hourly) services may be authorized once medical necessity criteria have been met.

- Authorized services must meet either the regular Medi-Cal definition of medical necessity or the EPSDT definition for medical necessity, which is outlined in CCR, Title 22, Division 3, Sections 51003 and 51340(e).

- Authorized services must be cost-effective to the Medi-Cal program. This means that the individual cost of providing EPSDT private duty nursing services in home settings must be less than the total cost incurred by the Medi-Cal program for providing the care in a licensed health care facility.

- Services are authorized through appropriate licensed and certified Medi-Cal providers, typically home health agencies, or individually enrolled EPSDT supplemental service providers i.e. registered nurses or licensed vocational nurses.

- Prescribed by the beneficiary's primary care physician in accordance with regulations outlined in CCR, Title 22, Division 3.

- May be authorized in CCL facilities i.e. foster homes or small family homes.

EPSDT Pediatric Day Health Care (PDHC) Services

- Subject to prior authorization.

- Provided to full-scope Medi-Cal beneficiaries who are under the age of 21. PDHC services may be authorized once medical necessity criteria have been met for the provision of skilled nursing care services **and** therapeutic intervention(s).

- Authorized services must meet either the regular Medi-Cal definition of medical necessity or the EPSDT definition for medical necessity, which is outlined in CCR, Title 22, Division 3, Section 51003 and 51340(e).

- Authorized services must be cost-effective to the Medi-Cal program. This means that the individual cost of providing EPSDT PDHC services must be less than the total cost incurred by the Medi-Cal program for providing the care in a licensed health care facility. If there are nursing services being provided in the home under the EPSDT private duty nursing benefit ***and PDHC services are also requested***, the total cost of these two services shall be no greater the cost incurred for providing these services in a licensed health care facility.

- Services are authorized through licensed Pediatric Day Health Care Facilities.

- Prescribed by the beneficiary's primary care physician in accordance with regulations outlined in CCR, Title 22, Division 3.

- For additional information on PDHC facility services, please contact IHO at: (916) 324-7412 or 322-0404.

MEDI-CAL IN-HOME OPERATIONS

Medi-Cal In-Home Operations (IHO), within the California Department of Health Services, Medi-Cal Operations Division, has statewide responsibility for reviewing and authorizing home and community-services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit or through three home and community-based service (HCBS) waivers. These services are authorized for Medi-Cal beneficiaries who meet medical necessity criteria for the requested services. The cost of these services in the home must not exceed the cost that Medi-Cal would expend in the otherwise appropriate licensed heath care facility.

IHO has two offices in California – headquarters is located in Sacramento and there is an office in Los Angeles. The staff of IHO is comprised primarily of Nurse Evaluators (NEs II and III (supervisors)) who are registered nurses. The NE IIs have primary responsibility for either the initial authorization or ongoing case management of cases authorized for HCBS waiver services. In addition to the nursing staff there are analysts, clerical support, Nurse Consultants and management staff.

The Sacramento office is responsible for processing all EPSDT private duty nursing and pediatric day health care facility services requests. This office is also responsible for reviewing and approving all new requests, statewide, for HCBS waiver services. Once an HCBS waiver case is approved, it is then forwarded to the appropriate regional office for ongoing case management. The Sacramento Regional office covers from the Oregon border to Kern County, at the Tehachapi Mountains. The Los Angeles Regional office covers from south of the Tehachapi Mountains to the San Diego border.

Home and community-based services under Medi-Cal can be authorized via two mechanisms:

1. ***The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services benefit***:

   EPSDT is a federally mandated Medicaid (Medi-Cal in California) benefit for eligible people under 21 who have no restrictions on Medi-Cal eligibility or services received. Under EPSDT, states are required to provide medically necessary screening, vision, hearing, and dental services. Additionally, any service a state is permitted to cover under Medicaid law that is medically necessary to treat, correct, or ameliorate a defect, mental illness, or physical illness or condition must be provided to EPSDT participants regardless of whether or not the service or item is otherwise included in the state's Medicaid plan. Services provided under EPSDT, which are not available to all Medi-Cal beneficiaries, are known as ***EPSDT Supplemental Services***. Private duty nursing and Pediatric Day Health Care services are examples of EPSDT Supplemental Services.

EPSDT AND EPSDT SUPPLEMENTAL SERVICES ARE PART OF THE MEDI-CAL STATE PLAN BENEFIT PACKAGE AND ARE NOT WAIVERS.

2. ***Home and Community-Based Services (HCBS) waivers:***

   California has an agreement with the Federal Government which allows for waivers (exceptions) of certain federal regulations permitting the provision of HCBS to Medi-Cal beneficiaries who in the absence of the waiver would not be provided these services and would require care in a licensed health care facility. These services are provided to a targeted group of Medi-Cal beneficiaries and may be offered in either a home or a community-based setting. If the Federal Government approves the waiver, federal monies are matched to state dollars for reimbursement of the services provided under the waiver.

HCBS WAIVER SERVICES ARE NOT PART OF THE MEDI-CAL STATE PLAN BENEFIT PACKAGE

IHO has administrative responsibility for three waivers:

◊ In-Home Medical Care (IHMC) waiver is the cost-effective alternative to acute hospital care for physically disabled persons who would otherwise be expected to reside in an acute care setting for 90 days or more.

◊ Nursing Facility (NF) A/B waiver is the cost-effective alternative to skilled nursing facilities, level A or level B, for physically disabled persons who would otherwise be expected to reside in a nursing facility setting for 365 days or more.

◊ NF Subacute waiver is the cost-effective alternative to skilled nursing facilities for physically disabled persons who would otherwise be expected to reside in a subacute nursing facility setting for 180 days or more.

The following are the current facility alternatives for the three HCBS waivers under IHO:

◊ Acute hospital

◊ Adult or pediatric subacute

◊ Intermediate Care Facility (ICF or NF level A)

◊ Skilled Nursing Facility (SNF or NF level B)

The approved services under the EPSDT benefit or the HCBS waivers will continue to be authorized by IHO as long as medical necessity exists for the requested service.

ONLINE RESOURCES FOR MEDI-CAL SERVICES:

California Code of Regulations, Title 22, Division 3: http://www.ccr.oal.ca.gov/
Medi-Cal Provider Bulletins: http://www.medi-cal.ca.gov/
State Statutes – Health and Safety Code; Welfare and Institutions Code: http://www.oal.ca.gov/

IN-HOME OPERATIONS

Fast Facts

California Department of Health Services
Medical Care Coordination and Case Management Branch
Medi-Cal In-Home Operations

ANSWERING YOUR QUESTIONS ABOUT MEDI-CAL IN-HOME OPERATIONS

WHAT IS MEDI-CAL IN-HOME OPERATIONS (IH0)?

IHO is the unit in DHS that oversees the development and implementation of home and community-based programs in the Medi-Cal program. IHO authorizes Pediatric Day Health Care (PDHC) facility services and medically necessary services in the home, including private duty nursing services, also known as shift nursing. These services may be available for Medi-Cal beneficiaries who are eligible for Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) services and/or one of the following three federal waiver programs:

- *In-Home Medical Care (IHMC)*
- *Nursing Facility (NF) A/B*
- *NF Subacute*

WHAT IS EPSDT?

EPSDT is a Medi-Cal benefit for individuals under the age of 21 who have full-scope Medi-Cal eligibility. This benefit allows for periodic screenings to determine health care needs. Based upon the identified health care need, diagnostic and treatment services are provided. EPSDT PDHC and private duty nursing services are provided in addition to other medically necessary Medi-Cal plan services.

WHAT SERVICES ARE OFFERED UNDER THE EPSDT BENEFIT?

EPSDT services include all services covered by Medi-Cal. In addition to the regular Medi-Cal benefits, a beneficiary under the age of 21 may receive additionally medically necessary services. These additional services are known as EPSDT Supplemental Services and include: private duty nursing services from a registered nurse (RN) or a licensed vocational nurse (LVN), Case Management, PDHC, Nutritional and Mental Health Evaluations/Services.

WHAT ARE HOME AND COMMUNITY-BASED SERVICE (HCBS) WAIVERS?

HCBS waivers allow states that participate in Medicaid - known as Medi-Cal in California - to develop creative alternatives for individuals who would otherwise require care in a nursing facility or hospital. Medi-Cal has an agreement with the federal government which allows for waiver services to be offered in either a home or community setting. The services offered under the waiver must cost no more than the alternative institutional level of care. Recipients of HCBS waivers must have full-scope Medi-Cal eligibility.

WHAT SERVICES ARE OFFERED UNDER THESE THREE HCBS WAIVERS?

The available services under these HCBS waivers may include RN or LVN private duty nursing services, certified home health aide services, case management, minor home modifications, personal emergency response system, family training, utility coverage for life-sustaining equipment, personal care services and respite.

WHO PROVIDES THE SERVICES?

There are a variety of providers, including the following:

- For EPSDT – licensed and certified Medi-Cal providers and/or individually enrolled supplemental private duty nursing service providers.
- For HCBS waivers under IHO – licensed and certified Home Health Agencies, individual nurse providers and/or unlicensed caregivers.

HOW LONG CAN ONE HAVE THESE SERVICES?

The beneficiary may receive these home and community-based services as long as they are medically necessary.

HOW DOES ONE GO ABOUT REQUESTING THESE SERVICES?

Once the beneficiary has identified a provider of service, the provider must submit the request for services to IHO on a Treatment Authorization Request (TAR) or similar request.

In addition to the TAR, the provider will also submit the following medical documentation:

- Medical information which supports the request for services,
- Assessment of care needs, i.e., nursing, personal care, etc.,
- Plan of Treatment signed by a physician, and
- Home Safety Evaluation (for HCBS waiver services only)

These documents should support medical necessity for the requested HCBS waiver or EPSDT Supplemental services.

IF OTHER IN-HOME SERVICES ARE NEEDED, HOW DOES ONE OBTAIN THEM?

A request for any service needed for the home program or PDHC program may be submitted to IHO by the appropriate provider. These services must be medically necessary. Examples include therapy services, equipment and transportation.

WHOM DO I CONTACT FOR FURTHER QUESTIONS?

For more information about IHO, please call:
(916) 324-1020 in Sacramento
(213) 897-6774 in Los Angeles